into law. There, we also took a successful small-scale program being used at select medical facilities around the country and expanded it by providing grants for a scaled-up demonstration program to serve those with cancer and other chronic diseases, and in particular, to provide support to medically underserved populations.

With the veterans navigator bill, I propose to do something similar, capitalizing on the successes of the Patient navigator concept, to help our troops. The $25 million over 5 years in the bill would allow VSOs and other organizations to apply for grants so that they could hire and train navigators to provide assistance, on an individualized basis, to members of the Armed Forces as they transition from military service to the VA health care system. They would do so in coordination with DOD and the VA. Right now, many VSOs rely principally on donations to perform these services.

At the end of the 5 years, the VA Secretary would submit a report to Congress on the effectiveness of the veterans navigator demonstration program and to recommend whether it should be made permanent.

Often called national service officers or counselors, a navigator is a ''sherpa,'' a guide through the maze of paper and people and specialists and benefits. A navigator is an advocate for those no longer able to go it alone. A navigator is a facilitator, someone who will be with you through the process, to provide the expertise you will need to transition between active duty and veterans status and to get the urgent care you need.

Let me be clear: a navigator does not supplant the role of the DOD or the VA. A navigator is meant to complement the work done by these organizations, particularly at a time when those systems are struggling to meet the needs of the soldiers returning from war and will continue to do so long after the conflicts in Iraq and Afghanistan have ended.

The bill focuses particular attention on four underserved groups in the military community: the seriously injured or wounded soldiers, female soldiers, those suffering from psychological problems like post-traumatic stress disorder, PTSD, and members of the activated National Guard and Reserves.

These underserved groups have not been sufficiently served in existing VA and DOD transition programs and activities. It is these underserved groups who especially need continuity of care as they enter and wind their way through the VA medical system. Part of the reason they have not been adequately cared for is that the nature of the current wars we are fighting, in Iraq, in Afghanistan, are different from previous conflicts we have undertaken.

During the Iraq and Afghanistan campaigns, we have the largest activation of National Guard and reservists since World War II. As of June 1, according to DOD, the United States had 128,789 military personnel deployed in Iraq. Of these, 102,709 were active component personnel and 26,080 were National Guard and Reserves. The recent announcement by President Bush to send additional troops to Baghdad in the face of increasing sectarian violence will likely only mean that those numbers will increase.

The GAO released a report last February citing deficiencies in benefits for these soldiers. The report concluded that National Guard and Reserve soldiers ''are given little help navigating a thicket of regulations and procedures necessary to gain access to military doctors.''

To complicate matters, members of our National Guard who seek medical care must file for an extension of their active duty status in order to continue to access military bases and hospitals.

In its report, GAG also concluded that, and I quote, ''the Army has not consistently provided the infrastructure needed to accommodate the needs of soldiers trying to navigate their way through the' active duty medical extension' ADME—process . . . this has resulted in injured and ill soldiers carrying a disproportionate share of the burden for ensuring that they do not fall off their active duty orders.''

The Veterans Navigator Act would help minimize such occurrences by providing National Guardsmen and Reservists someone to help bring them through the ADME process and to help correct any discrepancies before they cause a delay in accessing VA medical care.

Veterans with psychological problems also need help. In the last several years, we have been hearing a lot more about post-traumatic stress disorder, or PTSD, in veterans and those returning from conflict. A recent GAO report has concluded that almost four out of five service members returning from Iraq and Afghanistan who were found to be at risk for PTSD, were not provided appropriate medical assistance. All of these factors mean that now, more than ever, our Nation's soldiers need help moving between the DOD and VA realms.

According to the chief of psychology at Walter Reed Army Institute of Research, roughly 20 percent of those service men and women returning from Iraq suffer from PTSD. In its recently released report, GAO concluded that roughly 78 percent of those servicemembers at risk for PTSD do not get further evaluation. That means they return to active duty or are discharged without receiving the appropriate care.

It is the nature of this disorder to appear not right after the traumatic event is experienced, but often not until an individual reexperiences an event, has a flashback or is somehow reminded of a battlefield event. That may not happen until after a servicemember has been discharged from service. Once PTSD does emerge, the veteran may not know how to access VA medical assistance, or he or she may not have yet enrolled into the VA medical system.

Again, as in the case of the severely wounded, time is of the essence. PTSD can manifest itself so severely as to incapacitate a soldier, making medical care more urgent. In the case of returning National Guardsmen and Reservists, the problem is made more complex because of the 2 year time limit on filing for VA benefits.

Since 1991, opportunities for women in our Nation's Armed Forces have grown. For the first time, the military is placing women in support units at the front line. This has come partly as the result of more than 10 years of policy changes making 91 percent of the career fields gender neutral.

The Navy and the Air Force have begun to allow female soldiers to fly fighters and bombers. The Army has expanded the role of women in ground-combat operations. Right now, ''women command combat military police companies, fly Apache helicopters, work as tactical intelligence analysts, and serve in artillery units.

This would have been unheard of a decade ago, but it is happening right now. Right now, record numbers of female soldiers are fighting on the front lines and, as a result, more are being seriously wounded or killed. A Baltimore reporter profiling women soldiers' participation in Iraq observed that ''the war in Iraq has been an equal opportunity employer, by killing and injuring a historic number of female soldiers in combat situations.''

Therefore, a VA medical system designed to treat wounded male soldiers must now ensure that female soldiers get the right kind of medical care. They will need help finding that care and getting access to that care. A veteran navigator can help them do that.

Because of the length and size of the deployment, many more soldiers are being seriously wounded. According to the GAO, roughly 30 percent of U.S. soldiers wounded in combat during World War II later died. Today, that number has dropped to 3 percent for those serving in Iraq and Afghanistan due to advances in technology and protective gear.

While this is clearly a positive development, it also means that many of these injured soldiers are returning home with severe disabilities, including traumatic brain injuries and missing limbs that require comprehensive inpatient rehabilitation services.

But, severe injuries often mean a lengthy transition from active duty to veteran status. As my story earlier indicates the physical evaluation of a seriously wounded service member to determine whether he or she can return to active duty can take months to complete. In the interim, the VA has to be able to identify these soldiers so that they can perform early outreach, provided that they have the information to do so.